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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				17,794			LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT				C Type of interview
				16,518			C Community
				1,276			F Facility

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D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				4,637			1000 Medicare only
				308			1001 Medicare, 1 Public
				6			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				1			1004 Medicare, 4 Public
				7,856			1010 Medicare, 1 Private
				316			1011 Medicare, 1 Private, 1 Public
				8			1012 Medicare, 1 Private, 2 Public
				1			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,283			1020 Medicare, 2 Private
				31			1021 Medicare, 2 Private, 1 Public
				2			1022 Medicare, 2 Private, 2 Public
				0			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				230			1030 Medicare, 3 Private
				4			1031 Medicare, 3 Private, 1 Public
				0			1032 Medicare, 3 Private, 2 Public
				0			1033 Medicare, 3 Private, 3 Public
				0			1034 Medicare, 3 Private, 4 Public
				27			1040 Medicare, 4 Private
				0			1041 Medicare, 4 Private, 1 Public
				0			1042 Medicare, 4 Private, 2 Public
				0			1043 Medicare, 4 Private, 3 Public
				0			1044 Medicare, 4 Private, 4 Public
				4			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				0			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				0			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,681			1100 Medicare, Medicaid
				104			1101 Medicare, Medicaid, 1 Public
				7			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				259			1110 Medicare, Medicaid, 1 Private
				16			1111 Medicare, Medicaid, 1 Private, 1 Public
				0			1112 Medicare, Medicaid, 1 Private, 2 Public
				0			1113 Medicare, Medicaid, 1 Private, 3 Public
				0			1114 Medicare, Medicaid, 1 Private, 4 Public
				11			1120 Medicare, Medicaid, 2 Private
				1			1121 Medicare, Medicaid, 2 Private, 1 Public
				0			1130 Medicare, Medicaid, 3 Private
				0			1131 Medicare, Medicaid, 3 Private, 1 Public
				0			1132 Medicare, Medicaid, 3 Private, 2 Public
				0			1140 Medicare, Medicaid, 4 Private
				0			1141 Medicare, Medicaid, 4 Private, 1 Public
				0			1150 Medicare, Medicaid, 5 Private
MEDICAID	17	1	AIDFMT				N Medicaid eligibility
				14,715			0 Not entitled to Medicaid
				3,079			1 Entitled to Medicaid

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOTYP	18	2	\$PLNFMT	17,794 0 0 0			C Type of Medicare HMO  No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
D_HMOCOV	20	2	COVFMT	17,794 0 0			N SP covered by Medicare HMO at anytime?  . Missing 0 No enrollment 1 Some enrollment
D_HMOCUR	22	2	CURFMT	17,794 0 0			N Is SP now enrolled in Medicare Risk HMO?  . Missing 1 Currently enrolled 2 Not currently enrolled
MHMORX	24	2	YES1FMT	13,998 50 3,145 601			N Does Medicare HMO plan cover drugs?  . Inapplicable -8 Don't know 1 Yes 2 No
Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMODENT	26	2	YES1FMT	13,998 3 216 1,804 1,773			N Does Medicare HMO plan cover dental?  . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMOEYE	28	2	YES1FMT	13,998 3 170 2,869 754			N Does Medicare HMO plan cover eye exams?  . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMOPCAR	30	2	YES1FMT	13,998 3 139 3,538 116			N Does Mcare HMO plan cover preventiv care  . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							

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MHMONH	32	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,998			. Inapplicable
				1			-9 Not ascertained
				1,280			-8 Don't know
				2			-7 Refused
				1,058			1 Yes
				1,455			2 No

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

MHMOPAY	34	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,998			. Inapplicable
				1			-9 Not ascertained
				32			-8 Don't know
				861			1 Yes
				2,902			2 No

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

D_ANHMO	36	8	PREM_F				N Annual additional cost for MHMO coverage
				17,222			. Inapplicable
				5		0-100	\$100 or less
				320		100.01-500	\$101-\$500
				142		500.01-1000	\$501-\$1000
				68		1000.01-1500	\$1001-\$1500
				15		1500.01-2000	\$1501-\$2000
				12		2000.01-2500	\$2001-\$2500
				3		2500.01-3000	\$2501-\$3000
				3		3000.01-3500	\$3001-\$3500
				2		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
				2			Over \$5000

Notes: Applies only if MHMOPAY = 1  
First available in 1996

D_TYPPL1	44	2	PLANFMT		HI17		N Type of plan - Plan #1
				7,745			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				10,049			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0.

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D_PHREL1	46	2	RELFMT				N Policy holder relationship - Plan #1
				8,098			. Inapplicable
				0			-5 Never ask again
				8,012			1 Sample person
				1,618			2 Spouse
				9			3 Son
				7			4 Daughter
				0			5 Brother
				1			6 Sister
				23			7 Father
				19			8 Mother
				2			9 Son-in-law
				2			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				1			55 Guardian
				0			91 Other relative
				2			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNM1	48	2	COVGFM1				N # of family members covered by Plan #1
				8,097			. Inapplicable
				2			-9 Not ascertained
				15			-8 Don't know
				9,680			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVRX1	50	2	YES1FMT				N Plan #1 covers prescribed medicines?
				8,097			. Inapplicable
				216			-8 Don't know
				1			-7 Refused
				4,748			1 Yes
				4,732			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNH1	52	2	YES1FMT				N Plan #1 covers stay in nursing home?
				8,097			. Inapplicable
				2,885			-8 Don't know
				6			-7 Refused
				2,106			1 Yes
				4,700			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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D_PAYSP1	54	2	YES1FMT				N MIP pay any/all cost for Plan #1
				8,097			. Inapplicable
				100			-8 Don't know
				7			-7 Refused
				7,439			1 Yes
				2,151			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_ANAMT1	56	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				11,503			. Inapplicable
				140			0-100 \$100 or less
				737			100.01-500 \$101-\$500
				1,609			500.01-1000 \$501-\$1000
				2,070			1000.01-1500 \$1001-\$1500
				834			1500.01-2000 \$1501-\$2000
				456			2000.01-2500 \$2001-\$2500
				215			2500.01-3000 \$2501-\$3000
				89			3000.01-3500 \$3001-\$3500
				67			3500.01-4000 \$3501-\$4000
				33			4000.01-4500 \$4001-\$4500
				16			4500.01-5000 \$4501-\$5000
				25			Over \$5000

Note: Applies only if D\_PAYSP1 = 1

D_HMOPL1	63	2	YES1FMT		HI25		N Is Plan #1 an HMO
				8,115			. Inapplicable
				4			-9 Not ascertained
				130			-8 Don't know
				989			1 Yes
				8,556			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_OBTNP1	65	2	MIPFMT				N How did MIP get Plan #1
				8,115			. Inapplicable
				8			-9 Not ascertained
				56			-8 Don't know
				4			-7 Refused
				4,142			1 Directly
				565			2 Main insured person's current employer
				3,547			3 Main insured person's prior employer
				162			4 Union
				62			5 Family business
				453			6 AARP
				505			7 Deceased spouse's employer
				15			8 Deceased spouse's union
				62			9 Fraternal/professional organization
				98			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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D_INDUS1	67	2	\$IND1COD				C Industry of employer - Plan #1
				13,168			Inapplicable
				1			-7 Refused
				1			-8 Don't know
				6			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				16			B Mining
				23			C Construction
				47			D Manufacturing
				2			E Transportation and public utilities
				2			F Wholesale trade
				18			G Retail trade
				9			H Finance, insurance, and real estate
				3			I Services
				275			J Public administration
				130			K Nonclassifiable establishments
				6			01 Agricultural production - crops
				6			02 Agricultural production - livestock
				11			07 Agricultural services
				3			08 Forestry
				1			09 Fishing, hunting, and trapping
				2			10 Metal mining
				25			12 Coal mining
				43			13 Oil and gas extraction
				5			14 Nonmetallic minerals, except fuels
				8			15 General building contractors
				3			16 Heavy construction, excluding building
				44			17 Special trade contractors
				96			20 Food and kindred products
				2			21 Tobacco products
				37			22 Textile mill products
				31			23 Apparel and other textile products
				14			24 Lumber and wood products
				23			25 Furniture and fixtures
				37			26 Paper and allied products
				34			27 Printing and publishing
				114			28 Chemicals and allied products
				79			29 Petroleum and coal products
				36			30 Rubber and misc. plastics products
				5			31 Leather and leather products
				31			32 Stone, clay, and glass products
				161			33 Primary metal industries
				69			34 Fabricated metal products
				108			35 Industrial machinery and equipment
				83			36 Electronic & other electric equipment
				335			37 Transportation equipment
				20			38 Instruments and related products
				10			39 Miscellaneous manufacturing industries
				70			40 Railroad transportation
				14			41 Local and interurban passenger transit
				18			42 Trucking and warehousing
				142			43 U.S. Postal Service
				12			44 Water transportation
				25			45 Transportation by air
				2			46 Pipelines, except natural gas
				3			47 Transportation services
				164			48 Communications
				134			49 Electric, gas, and sanitary services
				20			50 Wholesale trade - durable goods
				16			51 Wholesale trade - nondurable goods
				7			52 Building materials & garden supplies
				50			53 General merchandise stores
				29			54 Food stores

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							-----
				16			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				7			57 Furniture and home furnishings stores
				11			58 Eating and drinking places
				23			59 Miscellaneous retail
				76			60 Depository institutions
				4			61 Nondepository institutions
				8			62 Security and commodity brokers
				114			63 Insurance carriers
				6			64 Insurance agents, brokers, and services
				13			65 Real estate
				0			67 Holding and other investment offices
				7			70 Hotels and other lodging places
				13			72 Personal services
				28			73 Business services
				5			75 Auto repair, services, and parking
				5			76 Miscellaneous repair services
				4			78 Motion pictures
				9			79 Amusement & recreation services
				164			80 Health services
				11			81 Legal services
				596			82 Educational services
				21			83 Social services
				2			84 Museums, botanical, zoological gardens
				72			86 Membership organizations
				44			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				220			91 Executive, legislative, and general
				112			92 Justice, public order, and safety
				24			93 Finance, taxation, & monetary policy
				46			94 Administration of Human Resources
				36			95 Environmental quality and housing
				44			96 Administration of economic programs
				159			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

Note: Applies only if D\_OBTNP1 = 2, 3, 5, or 8

D_TYPL2	69	2	PLANFMT	HI17	N Type of plan - Plan #2
				16,202	. Inapplicable
				0	1 Medicare
				0	2 Medicaid
				0	3 Public plan
				1,592	4 Private plan
				0	5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 1 plan.

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D_PHREL2	71	2	RELFMT				N Policy holder relationship - Plan #2
				16,211			. Inapplicable
				0			-5 Never ask again
				1,300			1 Sample person
				279			2 Spouse
				1			3 Son
				0			4 Daughter
				0			5 Brother
				1			6 Sister
				2			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNM2	73	2	COVGFMT				N # of family members covered by Plan #2
				16,211			. Inapplicable
				1			-9 Not ascertained
				5			-8 Don't know
				1,577			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVRX2	75	2	YES1FMT				N Plan #2 covers prescribed medicines?
				16,211			. Inapplicable
				78			-8 Don't know
				509			1 Yes
				996			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNH2	77	2	YES1FMT				N Plan #2 covers stay in nursing home?
				16,211			. Inapplicable
				200			-8 Don't know
				468			1 Yes
				915			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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Variable	Col	Len	Format	Frequency	ComQuest#	FacQuest#	Variable Type & Label
D_INDUS2	92	2	\$IND2COD				C Industry of employer - Plan #2
				17,104			Inapplicable
				2			-9 Not ascertained
				688			Industry classification code
							Note: Applies only if D_OBTNP2 = 2, 3, 5, or 8
D_TYPPL3	94	2	PLANFMT		HI17		N Type of plan - Plan #3
				17,529			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				265			4 Private plan
				0			5 Medicare HMO
							Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 2 plans.
D_PHREL3	96	2	RELFMT				N Policy holder relationship - Plan #3
				17,530			. Inapplicable
				0			-5 Never ask again
				212			1 Sample person
				51			2 Spouse
				0			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVNM3	98	2	COVGFM				N # of family members covered by Plan #3
				17,529			. Inapplicable
				1			-9 Not ascertained
				2			-8 Don't know
				262			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4

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D_OBTNP3	115	2	MIPFMT				N How did MIP get Plan #3
				17,529			. Inapplicable
				91			1 Directly
				20			2 Main insured person's current employer
				118			3 Main insured person's prior employer
				13			4 Union
				1			5 Family business
				5			6 AARP
				8			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				2			9 Fraternal/professional organization
				6			91 Other
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_INDUS3	117	2	\$IND2COD				C Industry of employer - Plan #3
				17,647			Inapplicable
				147			Industry classification code
Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8							
D_TYPPL4	119	2	PLANFMT		HI17		N Type of plan - Plan #4
				17,763			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				31			4 Private plan
				0			5 Medicare HMO
Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.							

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D_PHREL4	121	2	REL4FMT				N Policy holder relationship - Plan #4
				17,763			. Inapplicable
				0			-5 Never ask again
				25			1 Sample person
				6			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNM4	123	2	COVG4FMT				N # of family members covered by Plan #4
				17,763			. Inapplicable
				31			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	125	2	YES1FMT				N Plan #4 covers prescribed medicines?
				17,763			. Inapplicable
				2			-8 Don't know
				8			1 Yes
				21			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	127	2	YES1FMT				N Plan #4 covers stay in nursing home?
				17,763			. Inapplicable
				3			-8 Don't know
				6			1 Yes
				22			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	129	2	YES1FMT				N MIP pay any/all cost for Plan #4
				17,763			. Inapplicable
				17			1 Yes
				14			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

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Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 4 plans.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	146	2	REL FMT				N Policy holder relationship - Plan #5
				17,790			. Inapplicable
				0			-5 Never ask again
				2			1 Sample person
				2			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNM5	148	2	COVG FMT				N # of family members covered by Plan #5
				17,790			. Inapplicable
				4			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	150	2	YES1 FMT				N Plan #5 covers prescribed medicines?
				17,790			. Inapplicable
				1			1 Yes
				3			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	152	2	YES1 FMT				N Plan #5 covers stay in nursing home?
				17,790			. Inapplicable
				1			1 Yes
				3			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	154	2	YES1 FMT				N MIP pay any/all cost for Plan #5
				17,790			. Inapplicable
				2			1 Yes
				2			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4

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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT5	156	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
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17,792	.	Inapplicable
1	0-100	\$100 or less
0	100.01-500	\$101-\$500
1	500.01-1000	\$501-\$1000
0	1000.01-1500	\$1001-\$1500
0	1500.01-2000	\$1501-\$2000
0	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000

Note: Applies only if D\_PAYSP5 = 1

D_HMOPL5	163	2	YES1FMT	HI25			N Is Plan #5 an HMO
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17,790	.	Inapplicable
0	1	Yes
4	2	No

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_OBTNP5	165	2	MIPFMT				N How did MIP get Plan #5
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17,790	.	Inapplicable
2	1	Directly
0	2	Main insured person's current employer
2	3	Main insured person's prior employer
0	4	Union
0	5	Family business
0	6	AARP
0	7	Deceased spouse's employer
0	8	Deceased spouse's union
0	9	Fraternal/professional organization
0	91	Other

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_INDUS5	167	2	\$IND2COD				C Industry of employer - Plan #5
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17,792		Inapplicable
2		Industry classification code

Note: Applies only if D\_OBTNP5 = 2, 3, 5, or 8